

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-0647	Issue Date:	CBL: 191 B019001
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Location of Construction: 1372 CONGRESS ST	Owner Name: CHARTER WESTGATE LLC	Owner Address: 800 WESTCHESTER AVE STE S-632	Phone: 617-591-9595
Business Name:	Contractor Name: Bailey Sign Company Inc.	Contractor Address: 9 Thomas Drive Westbrook	Phone: 2077742843
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone:

Past Use: Commercial Retail - CVS Pharmacy	Proposed Use: Commercial Retail - CVS Pharmacy Install Wall Mounted 17'x2' Sign.	Permit Fee: \$98.00	Cost of Work: \$0.00	CEO District: 3
Proposed Project Description: Install Wall Mounted 17'x2' Sign.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type	
		Signature:	Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
		Signature:	Date:	

Permit Taken By: lmd	Date Applied For: 06/09/2008	Zoning Approval		
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/> Date:	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied Date:
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CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 06/13/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Pending	Reviewer: Residential Plan Revie	Approval Date:
Note:			Ok to Issue: <input type="checkbox"/>

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